

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			·		
NAME(Last)	(First)	(Middle)	TELEPHONE		
Kane	Joelle	Segawa	(808) 531-2023		
MAILING ADDRESS (Street	FAX				
745 Fort Stre	(808) 531-2408				
(City)	(State)	(Zip	Code)		
Honolulu	Hawaii	96813			
EMPLOYING ORGANIZATIO	TELEPHONE				
Henderson Gal	(808) 531-2023				
MAILING ADDRESS (Street	FAX				
Same as above			(808) 531-2408		
(City)	(State)	(Zip.	Code)		

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
The IMX Companie	es	(480) 921-0469
MAILING ADDRESS (Street)		FAX
1600 West Broady	way Road, Suite 300	(480) 921-7469
(City)	(State)	(Zip Code)
Tempe	Arizona	85282
NAME OF PERSON RESPONSIBLE	E FOR PREPARING ORGANIZATION'S EXPENDITURES STAT	TEMENT TELEPHONE
Jim Dyer		(480) 921-0469
MAILING ADDRESS (Street)		FAX
1600 West Broads	way Road, Suite 300	(480) 921-7469
1000 West Bload	way Road, Builte 300	(400) 521-7405
(City)	(State)	(Zip Code)

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PART III DESCR	PTION OF SUBJ	ECTS UPON WHIC	H YOU	EXPECT TO LOBBY	<u> </u>		
Agriculture	E	ducation	X	Human Services	1 1	Science, Technology & Economic Development	
Communications Public Utilities		overnment Operations & inance	1 1	Intergovernmental Relatio International Affairs	ns,	Tourism & Recreation	
X Consumer Prote	ction & H	awailan Affairs	1 1	Labor & Employment		Transportation	
Culture, Arts, His	toric X H	ealth	1 1	Planning, Land & Water Use Management	1 1	Other: (indicate below)	
Ecology, Energy Environmental P		ousing		Public Safety & Correction	ıs		
PART IV CERTIF	ICATION OF LO	PVICT					
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L	(Signature	of Lobbyist)			(Date)	·	
	RIZATION TO LO	BBY					
NAME			TITLE	OF AUTHORIZING OFFI	CER OR PE	RSON REPRESENTED	
Jim Dyer			CEO				
Juliu Dyel			CHO				
NAME OF ORGANIZAT	ION (if applicable)				TELEPHO	NE	
The IMX Comp	,					921-0469	
I THE TMX COMP	anres				(400)	921-0409	
MAILING ADDRESS (St			***************************************		FAX		
1	•						
1600 West Br	oadway Road	, Suite 300			(480)	921-7469	
(City)		(State)		(Zip C	ode)		
Tempe		Arizona		852	82		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
`	/ _		•				
	mer	plyen			- 10-	05	
Signa	ture of Authorizing Of	ficer of Person Represe	nted)		(Date)		